

**UTAH MEDICAID NURSING FACILITY  
QUALITY IMPROVEMENT INCENTIVE (4) APPLICATION  
Improve Resident's Dining Experience (Rule R414-504-4)  
State Fiscal Year 2008**

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**This form and all supporting documentation is due on or before June 8, 2008**

Facility Name: \_\_\_\_\_

Medicaid Provider I.D. \_\_\_\_\_ Administrator: \_\_\_\_\_

- ☐ This facility has implemented changes to its dining program such that residents' dining experience is improved. Changes could involve meal ordering, dining times/hours, atmosphere, more choices, etc. **A detailed description of the implemented changes is attached.**
- ☐ The changes made to the dining program were done on or after July 1, 2006. **Attached are invoices or similar that denote the date of purchase and implementation.**
- ☐ Proof of purchase, including invoices as well as proof of payment (i.e., cancelled checks, etc.) **of the incremental costs** of the changes are included in this submission.

Qualifying facilities may receive up to \$111 per Medicaid Certified bed (count as of 7/1/2007) under this incentive. Facilities will not receive more than their incremental cost increase under this incentive.

**Examples** of possible payments under this incentive are as follows:

Facility "A" with 100 Medicaid certified beds documented new expenses of \$15,000 for their dining experience changes. The facility would then receive \$11,100 (100 beds \* \$111).

Facility "B" with 50 Medicaid certified beds documented new expenses of \$4,500 for their dining experience changes. The facility would then receive \$4,500 (50 beds \* \$111 = \$5,550. Since this amount exceeds the amount expended the facility would receive 100% of documented costs for the change.).

**Please ensure the supporting documentation includes proof of payment (i.e., cancelled check(s), financial debt instrument, etc.). Failure to include all of the above detailed information will prevent the facility from qualifying.**

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_